

Psychoanalysis of/in the group

Beyond ideology and towards the subject

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There is no such thing as the nation or identity. There is only the story and history.
Gyorgy Konrad (in an interview on the wars in former Yugoslavia)

Mark Kinet

Opportunities

In residential and semi-residential psychiatric treatment the work in the group is omnipresent. There is the team as a group and the organisation as a group. There are patients in small groups of about 8, which is the scale of the classic psychotherapy group (Foulkes, 1964, Yalom, 1970). There is the median group of 12-30 individuals (De Mare, 1990), for example a team or a small hospital ward. There is the large group of the community meeting or the patient-staff meeting, where 50 people or more may be gathered to discuss the ward atmosphere or the treatment process (Hartman, 1982).

To work in the group has very obvious economic advantages. Specific professional expertise is scarce and by working in groups it can be offered to more patients. Whatever one does in a group (creative therapy, sociotherapy, psychotherapy) and no matter the treatment model or philosophy there are specific therapeutic factors classically attributed to the group (Bloch & Crouch, 1985). In particular group *psychotherapy* has real advantages for the treatment of personality disorders (Fuhrihan & Burlingame, 1994, Bateman & Fonagy, 2001, Berk, 2005). Robert Hinshelwood (1987) stated that '*psychiatric institutions exist for people who cannot contain themselves*'. Usually they suffer from deficiencies in matters of basic trust, constancy and/or mentalisation. Group therapy activates and addresses these basic layers of psychological functioning. As it allows for skilful *vivisection*, it may prove to be especially beneficial for problems that are rooted in early infantile development.

And threats

On the other hand, the impact of the group on the individual's liberty and autonomy can be horrific. Under group pressure there is a risk: the individual may change into a blind and mindless machine that acts out amorally the explicit and implicit orders of its *Führer*. In his famous 1943 speech Goebbels asks his audience if they are prepared to work 18 hours a day, to deprive themselves of all comfort, endure all kinds of suffering and to engage in Total War. 20000 Germans cry out fanatically 'Yes Yes Yes'! It is Hannah Arendt's '*banality of evil*' (1963) where ordinary men become the ruthless executors of a supreme anonymous power. We can still recognise it in present day events. Not only in Goma where the arms and legs of a Rwandese baby are chopped off in order to use the baby's trunk as a table for a few bottles of beer, but also in Europe's backyard where a Croatian grandfather is forced to eat the liver of his murdered son. Even so-called intellectuals like ourselves are not completely immune to group pressure: Bill Buford, prominent critic for the Times Literary Supplement, did some infiltration work amongst hooligans and found himself not only '*Among the thugs*' (1992) but really to be one of them, totally infected by brutal and violent behaviour. The group is tremendously infectious and has a huge regressive impact on the individual. It can cause a dramatic loss of self and of rational and moral judgment.

Group specific factors

In a clinical setting the group work mobilises several *specific* therapeutic factors (cfr. Yalom, 1970, Bloch & Crouch, 1985, Sigrell, 1992, Jongerius & Eyckman, 1993). In a military hospital in New York Wolf (1962) concluded that patients in the group identify with each other. Mutual sympathy and understanding are the result. According to Foulkes (1964) the patients feel less isolated and can again feel adequate. Insight, interactional learning and the sense of belonging are also important. First and foremost the group generates resonance between the different members' unconscious as well as mirroring reactions (Pines, 1984). Due to this mirroring people can recognise in others morbid thoughts, feelings or impulses and this tempers feelings of shame and guilt. They discover the truth about themselves precisely through their work with others. They see denied, split-off unwanted parts of the self in others. And others see those parts in them. There is a constant to and fro between what is similar and what is different. Repression can more easily be registered in fellow patients and projective mechanisms facilitate growing awareness of the repressed. Given the current importance that is attributed to reflective functioning and mentalisation the plus value of group therapy is evident: the patients catch glimpses of what goes on in each other's mind and are in a way being *fed* by another's mentalising activity.

Group and primordial (M)Other

In fact to take part in group psychotherapy produces a repetition of very early development. The group incarnates the Gestalt of the all embracing, archaic mother who represents the whole world (Cf Foulkes, 1975 p 54). Dependency, fragmentation, engulfment by libidinal or aggressive impulses are often paramount. In this context it is necessary to remind ourselves of the fact that from our primal times onwards we are -in a way- born in the group, just as we are

forced into language by surrounding culture. *Things* like arousal, drive, affect and trauma provoke in us a primal scream (for help). Due to our physiological immaturity we are after all absolutely dependent on the primordial Big (M)Other. According to Freud (S)he has to answer our needs by what he called ‘*a specific action*’ (Freud, 1895). Thanks to countless micromoments of primary maternal preoccupation (Winnicott, 1956) of the archaic (M)Other an envelope is formed around the newborn child: a stimulus barrier (Freud, 1895, Bion, 1974) or *moi-peau* (Anzieu, 1994). Like a (M)Other of pearl she is continuously weaving a *protective blanket of imagination and symbolisation* (Grotstein, 1981). When the infant is too much deprived of these responses *nameless dread* (Bion, 1975), *threat of annihilation* (Kohut, 1971), *unthinkable anxiety* (Winnicott, 1971) may occur.

It is the mother environment (or the caretaking group) that has to mediate and digest, not least by processes of mirroring. The *Gestalt* of this archaic (M)Other is the (Wo)Man for all seasons (Grotjahn’s pre-/description of the group psychotherapist, 1977), the Magna and Alma Mater, the Octopussy Shiva who not only reflects the visible but most importantly the invisible. Contrary to Descartes it is not ‘*Je pense, donc je suis*’ but ‘*Elle pense, donc je suis*’. As Winnicott stated: ‘*There is no such thing as a baby*’. In the beginning there is only ‘*the thinking and the dreaming couple*’ (Grotstein, *ibid*)

Aspecific factors

Several vital achievements result from a good-enough mothering process. It is necessary for the installation of secure attachment and of mentalisation/reflective functioning. As such it is by far the most important protective factor for (psycho)pathology. Moreover these fundamental processes between infant and the mother environment are decisive for drive- and affect regulation. They contribute to self- and object-constancy. They are essential to narcissistic equilibrium and the development of a true and cohesive self and they play a major role in the accomplishment of (gender)identity and sexual orientation.

Different authors coined their own, albeit very similar concepts for these key components of mothering: *sensitivity* (Bowlby, 1988), *emotional availability* (Mahler, 1975), *holding-molding* (Winnicott, 1971), *containment* (Bion, 1974), *affect attunement* (Stern, 1985, 1995), *contingency* (Greenspan, 1991), *mirroring* (Kohut, 1971). In fact it is the (lacanian) imaginary order that offers us some vital illusions and that can be recognised in the so-called ‘*aspecific factors*’ (Hubble e.a., 1999) of psychotherapy research. As we all know 45% of psychotherapeutic outcome is the result of support, the therapeutic relation, empathy and belief in the therapy/therapist. They are crucial independent of theoretical orientation, although it must be said that *a* theoretical orientation is essential in providing a coherent territorial map. Just like the Eskimo who are said to have more than 100 words for snow in their vocabulary it is (only) psychoanalysis that invented a 100 words to describe these aspecific factors (Kinet, 2006).

Primal repression and enactment

Everything mentioned so far is written first and foremost in the implicit, procedural memory system. It belongs to the domain of primal repression as that which *cannot* be remembered. It

only becomes manifest in (inter)action and repetition. It appears '*live on stage*' within the total transference situation and as such it is enactment of deeply unconscious and infantile psychic reality. Here again different authors coined seemingly different but in fact very similar concepts: *modelscenes* (Kohut, 1971), *inner working models* (Bowlby, 1988), *representations of interactions generalised* (Stern, 1985), *core conflictual relationship themes* (Luborsky, 1984), *self-other-affect triads* (Kernberg, 1976), *ideo-affective structures* (Tomkins, 1995) that repeatedly and insistently impose themselves upon psychosocial functioning.

The primordial (M)Other uses her own feelings, thoughts, fantasies and rêverie (Bion, 1974) to discover the inner world of her child. Likewise the psychotherapist makes constructive (in contrast to destructive or re-constructive) use of his countertransference to gain and to give insight in the inner/infantile reality of the patient. This way tendencies towards acting-out are tempered and/or worked on by interpretation. This is made possible by the treatment frame and by guarding the borders of his professional role. Archaic transferences that are written down in the procedural memory can thus be transcribed to the explicit, biographical memory system and they can be *promoted to analysable symptoms*.

Beyond ideology

Present day psychoanalysis tries to abandon ideological dispute and to evolve gradually towards a common ground and a theory of everything (TOE) (cf. Kernberg, 1999, Wallerstein, 2002). The early Freud with the topographical model, the prominent role of infantile sexuality and the importance of dream and linguistic analysis remains most alive in French (c.q. lacanian) psychoanalysis. In general they attribute more importance to psychoanalytic *method* than *technique*, they accentuate *language* aspects, they rather refrain from transference interpretations and they focus on *archaic sexuality*, often bypassing the resistance and delving into deeper conflict.

Within the IPA there is a common tendency towards early and/or systematic *transference interpretation*, acknowledgment of the *total transference situation*, focus on *affect*, on *enactment* and on the unconscious meaning in the *here and now*. Different aspects of object relations theory are prevalent, free floating attention has been replaced by free floating *responsiveness*. During the past decade there is a growing impact and proliferation of *attachment* theory and research, of *infant research* and of *neurobiology*. On the other hand the *intrapsychic* perspective shifts towards the interpersonal and *intersubjective* with constructivist and *two person psychology* influences. Some prefer to talk about the analytic third (Ogden, 1994) or the field (Neri, 2007) as intersubjective, *clinical facts*. Last but not least a real bionisation is taking place. The psychoanalyst is considered to be some kind of *poet/mystic* whose *negative capability* is supposed to engender or facilitate within the session an emersion of the patient's deep personal truth. There is a focus on mental *process* rather than *representation*. For the bionian the analyst's task amounts first and foremost to the establishment of a thinking capacity, the uncovering of primitive defences, the capacity to work towards higher levels of understanding, 'understanding-in-the-moment-of-truth' etc. It is obvious that the way the group conductor leads or does not lead the analytic work in/of the group will be influenced by his personal history, his clinical experience and these varying psychoanalytic theories and ideas.

Likewise Group Analysis underwent similar processes. In 1964 Durkin discussed a (by that time still ongoing) *ideological* debate. There were three parties: the Americans like Wolf & Schwarz (1962) or Slavson (1964) who insisted on the primacy of the individual in the group. For them the main benefit of psychoanalysis in the group is the emergence of multilateral transferences and their interpretation. The English Tavistock group with Ezriel (1950) or Bion (1961) focused primarily on the group as a whole and there was Foulkes (1964) occupying a position somewhere in the middle. In present day psychoanalytic group therapy the question of the respective importance which is given to each individual as well as to the whole group is no longer so hotly debated because everyone seems to agree that analytic work is always done at the junctions between both. In a chapter of the book (*'Psychoanalysis of/in the group'*) I am editing I will describe my views and experiences on this controversial and important issue in more detail. Out- and in-patient groups, neurotic and borderline pathology, teams and patients, median and large group are radically different. They evidently all impose specific technical and methodical requirements that match their respective idiosyncrasies.

Pioneers of the group

Freud has made two very important contributions to collective psychology. In *'Totem and tabu'* (1912-1913) he created a philogenetic myth that lies at the root of civilisation and its prohibition on incest, patricide and cannibalism. Central figure is the primal father (present day biologists would call him an alpha-male) who possessed all the females and who chased away his sons. They conspired against him, killed him and erected a totem to worship and honour the dead father. Henceforward and thanks to the symbol of the totem acting-out (*'Am Anfang war die Tat'*) becomes replaced by Law and Awe. Especially in the large group we can often experience a revival of this primal herd with its raw and bloodthirsty patricidal tendencies.

In *'Mass psychology and the analysis of the Ego'* (1924) Freud gives an accurate description of the dehumanising effects of mass psychology. The mass is instable, irrational, immoral and uninhibited. The impossible doesn't exist. Action replaces reflection. Illusion is treasured instead of truth, individual differences are erased etc. In his analysis the mass is a large group where the members choose the same object or idea as their Ego-Ideal, while identifying with each other. The combination of this vertical and horizontal identification accounts for typical mass psychology. It eliminates all adult and autonomous functioning and culminates in extreme regression and the need for a strong leader. According to Freud however there exist however strong remedies for these destructive large group processes: continuity, tradition, institutions, structure and the law and order of a functional symbolic framework.

Bion provided a completion of Freud's observations on the masses from his own *'Experiences in group'* (1961). He described and analysed how group processes were mobilised when he left the position of the group conductor vacant. The group functioned like a kind of superindividual subject to regression. He distinguished the *Work Group* from the *Basic Assumptions Group*. The Work group is dominated by the processes and requirements of secondary logic. The members and the group are performing their task and remain fully aware of their possibilities and difficulties in doing so. But under this Work group there is a protomental register where the evolving basic assumptions of fight-flight, dependency and pairing develop. This so called *group mentality* parasitically undermines the Work Group and according to Bion it has to be recognised as such to restore secondary logic and *realistic task*

performing functioning, a ‘necessity’ on which I would probably disagree.

Foulkes (1964, 1975) was in search for an alternative to the limitations of individual therapy. For him all illness is produced and should be remedied within a complex network of interpersonal relations. Individual and group are figure-ground phenomena and the individual is like the nodal point in a neural network. Foulkesian Group Analysis counts five basic tenets: 1) the capacity to listen to, understand and interpret the group as a totality in the here and now, 2) taking into account only the transference of the group on the analyst and not lateral transferences, 3) the notion of unconscious fantasmatic resonance among the members, 4) shared tension and the common denominator of the unconscious fantasies of the group, 5) the group as a psychic matrix and frame of reference for all interactions. The group conductor engages in a process of gradual strategic withdrawal and a crescendo of decentralisation to the advantage of free floating discussion. That way the individual members are put in a position to acquire functional autonomy, freed from the head and the other members i.e. a process of individuation. Foulkesian group analysis is mainly focused on the whole group, communication, translation and maturation of the *group matrix* which in its turn is supposed to produce individual change. Some argue this is at the cost of interpretation proper with its acknowledgement of transference, resistance and the there and then.

The imaginary

Earlier on I mentioned that the early Freud remains most alive in French psychoanalysis. In fact there is some kind of split within in the psychoanalytic movement between the Anglos and the Latinos with the Flemish often working at the junction of these opposing cultures.

For Anzieu (1975) the group is an illusion and it serves unconscious function. He compares the group to the dream. It is a means and a locus for the imaginary fulfilment of the unconscious desires of its members or an imaginary and defensive formation for example to ward off fragmentation (anxiety). It is a Freudian classic to consider the dream as a lullaby. After all ‘*Le rêve sert avant tout la fonction de dormir*’. Rouchy (2008) is another important French analyst who elaborates on the similarities between the group and Winnicott’s transitional space and the transitional object. Last but not least our distinguished guest Professor Claudio Neri (1997, 2007) extended and elaborated Bion’s ideas about transformation, alpha function and narrative function into field theory and implemented them in his theory and practice of psychoanalytic group psychotherapy. The field is a clinical concept. It is broader than the transference-countertransference continuum. It bears some resemblance to Ogden’s analytic third (1994) and it implicates the sum total of empathy, attention, attunement, receptivity, registration, transformation and sometimes communication of the infraverbal and the protomental.

In us humans the *real* of drive and trauma, the *imaginary* of attachment and seduction, of mirror and illusion and the *symbolic* of language and lack, of law and convention are irrevocably intertwined. In Fonagy’s terms (2002) it is the arousal that constantly is to be both mirrored and marked by the (M)Other oscillating between similarity and difference. But the group activates and accentuates first and foremost the imaginary order. It is the recipient of projection and projective identification, of externalisation and of expulsion. Inner and infantile objects and fantasies appear live on its stage. They are exemplary of multilateral

transference and the product of enactment. Analysis of these phenomena is the *via regia* of psychoanalytic group psychotherapy.

Psychoanalytic specificity?

In a broad sense what makes psychotherapy psychoanalytic is its *discovery* of the unconscious and its focus on the *content* of this unconscious i.e. the drives, the repressed unconscious, the defence mechanisms, the social repressed unconscious etc. To put it simply it is the aim of psychoanalysis to make the unconscious conscious and to bring about change: '*a getting better by truth*' (Thys, 2006). Transference, resistance and the acknowledgment of infantile sexuality are some of its classical hallmarks. But perhaps most specific are its epistemology and its ethics. Psychoanalysis investigates the singularity of the principles on which each individual's repetitive psychology is based and it prepares the subject to the decision making of ethical choices. For psychoanalysis all we are is what we're going for/after.

Due to symbolic language we are polymorphously perverted and denaturalised. At puberty the calf-becoming-a-bull knows what to do. Its sexuality is written in its genes and is dictated and programmed by its instincts. We however are *subjects*, we have choices to make. Choices of words and choices of acts. What it is to be a man, to be a woman, to love and to lose, to live and to die. And whether we choose for *invention* or *convention* inevitably we are condemned to fail in finding the *right* words or the *right* acts. In fact this failure is our human greatness. As *subjects* we are the sum of our choices. We tell our story and we write and rewrite our history until our final breath. That's why I chose a statement of the Hungarian writer Gyory Konrad to begin with. '*There is no such thing as the nation or identity. There is only the story and history.*'

Literatuur

- Anzieu, D. (1975) *The group and the unconscious*. London & Boston : Routledge, 1984.
- Berk, T. (2005) *Leerboek Groepspsychotherapie*. Utrecht: De Tijdstroom.
- Bion, W.R. (1961) *Experiences in Group and other papers*. London: Tavistock Publications.
- Bloch, S. & Crouch, E. (1985). *Therapeutic factors in group psychotherapy*. Oxford: Oxford University Press.
- Buford, B. (1992). *Among the thugs*. New York: Norton.
- Cluckers, G. en Meurs, P. (2005). *Bruggen tussen denk-wijzen*. In: *Mentalisatie*. Mark Kinet en Rudi Vermote (Red). Antwerpen/Apeldoorn: Garant.
- Durkin, H.E. (1964). *The group in depth*. New York: International Universities Press.
- Ezriel, H. (1950) A psychoanalytic approach to group treatment. *British Journal of Medical Psychology*, 23 p 59-74.
- Fonagy, P. , Gergely, G., Jurist, E. & Target, M. (2002). *Affect regulation, mentalization and the development of the self*. New York: Other Press.
- Foulkes S.H. (1964). *Therapeutic Group Analysis*. New York: International Universities Press, 1977.
- Foulkes, S.H. & Anthony, E.J. (1967). *Group psychotherapy. The psychoanalytic approach*. Harmondsworth: Penguin.

- Foulkes S.H. (1974) My philosophy in psychotherapy. In : Foulkes S.H. Selected Papers. London: Karnac, 1990.
- Foulkes, S.H. (1975). *Group-analytic psychotherapy*. London: Gordon & Breach.
- Freud, S. (1895). *Het ontwerp*. G. Van de Vijver & F. Geerardyn, vertaling en inleiding. Gent: Idesca, 1992.
- Freud, S. (1912-1913). *Totem en taboe*. C.R.4. Sigmund Freud Nederlandse Editie. Amsterdam/Meppel: Boom p 21-211.
- Freud, S. (192a). *Massapsychologie en Ik-analyse*. C.R.5. Sigmund Freud Nederlandse Editie. Amsterdam/Meppel: Boom p 11-93.
- Fuhriman, A. & Burlingame, G. M. (1994) *Handbook of group psychotherapy: an empirical and clinical synthesis*. New York : John Wiley and Sons, 1994
- Grotjahn, M. (1977) *Analytic group therapy*. New York: Aronson.
- Hartman, J. (1982). PSM. Ideologie en praktijk. In: J. van de Lande (Red.) *Opgenomen in de groep: psychotherapeutische gemeenschappen in Nederland*. Amsterdam: Van Loghum Slaterus.
- Hinshelwood, R.D. (1987). *What happens in groups, psychoanalysis, the individual and the community*. London: Free Association Books.
- Joseph, B. (1985). Transference: the total situation. *Int J. Psychoan.* 66 p 447-454.
- Kernberg, O.F. (1999). Psychoanalysis, psychoanalytic psychotherapy and supportive psychotherapy: contemporary controversies. *Int. J. Psychoanal.* 80, 1075-1091
- Kinet, M. (2006). *Freud & Co in de psychiatrie. Klinisch-psychotherapeutisch perspectief*. Antwerpen/Apeldoorn: Garant.
- Kinet, M. (Red.) (2009) *Psychoanalyse in/van de groep*. Antwerpen/Apeldoorn: Garant.
- Neri, C. (1997) *Group*. Rome, London, Philadelphia: Jessica Kingsley Publishers.
- Neri, C. (2007) La notion élargie de champ. *Psychothérapies* 27, 1.
- Ogden, T. H. (1994). The analytic third: working with intersubjective clinical facts. *Int. J. Psychoan.* 75 p 3-20.
- Pines, M. (1984). Reflections on mirroring. *International Review of Psychoanalysis*. 11 p 27-37.
- Rouchy, J.C. (2008). *Le groupe, espace analytique. Clinique et théorie*. (Collection Transition). Ramonville Saint-Agne : Edition Erès.
- Slavson, S. R. (1964) *A textbook in analytic group therapy*. New York: International Universities Press.
- Tomkins, S.S. & Demos, B.V. (1995) *Exploring affect, selected writings of Silvan S.Tomkins*. Cambridge: Cambridge University Press.
- Thys, M. (2006). Beter worden van waarheid. *Tijdschrift voor Psychoanalyse*. 2 p 136-148.
- Whitaker, D.S. & Lieberman, M.A. (1964) *Psychotherapy through the group process*. Chicago: Aldine.
- Winnicott, D.W. (1971). Playing: a theoretical statement. In: *Playing and reality*. London: Tavistock.
- Wolf, A. & Schwartz, E.K. (1962) *Psychoanalysis in Groups*. New York: Grune en Stratton.
- Wolf, A., Kutash, I. & Nattland, C. (1993) *The Primacy of the Individual in Psychoanalysis in Groups*. New York: Jason Aronson.
- Yalom, I.O. (1970). *The theory and practice of group psychotherapy*. New York: Basic Books.